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6701 Center Drive West, Suite 1050
Los Angeles, California 90045**FAX TRANSMISSION TO USPTO**TO: Commissioner for Patents
Attn: Examiner Karen C. Carlson
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313-1450FROM: William J. Wood
OUR REF.: G&C 669.22-US-D1
TELEPHONE: (310) 642-4144Total pages, including cover letter: 10PTO FAX NUMBER: **571-273-8300**

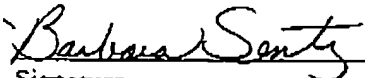
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Title of Document Transmitted:	TRANSMITTAL SHEETS AND AMENDMENT UNDER 37 C.F.R. §1.111.
Applicant:	Diane Pennica
Serial No.:	10/659,549
Filed:	September 10, 2003
Group Art Unit:	1653
Title:	GUANYLATE-BINDING PROTEIN
Our Ref. No.:	G&C 669.22-US-D1

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

By: Name: William J. Wood
Reg. No.: 42,236

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SignatureJanuary 19, 2006
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Diane Pennica	Examiner:	Karen C. Carlson
Serial No.:	10/659,549	Group Art Unit:	1653
Filed:	September 10, 2003	Docket:	G&C 669.22-US-D1
Title:	GUANYLATE-BINDING PROTEIN		

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on January 19, 2006.

By: 
 Name: William J. Wood

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
☒ Amendment Under 37 C.F.R. §1.111.

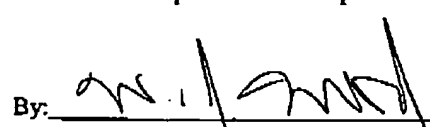
CLAIMS PRESENT

Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
13	20	0	x \$50.00	= \$0.00
Independent Claims				
3	3	0	x \$200.00	= \$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$0.00

Please consider this a **PETITION FOR EXTENSION OF TIME** for a sufficient number of months to enter these papers, if appropriate.

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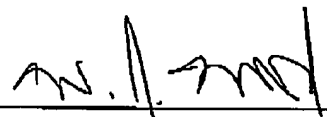
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Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
13	20	0	x \$50.00	= \$0.00
Independent Claims				
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MULTIPLE DEPENDENT CLAIM FEE				\$0.00
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Dear Sir:

In response to the Office Action dated October 19, 2005, please amend the above-identified application as follows.